

FORM SPAC  
COVER SHEET PG 1

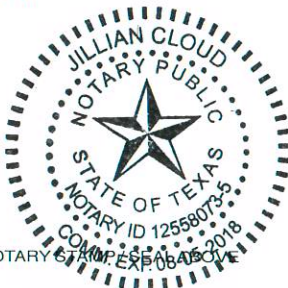
GO TO PAGE 2

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC  
COVER SHEET PG 2

12 COMMITTEE NAME <b>SAFETY FIRST ARLINGTON</b>		13 Filer ID (Ethics Commission Filers)
14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.)  <input type="checkbox"/> SUPPORT (Candidate or Measure)  <input checked="" type="checkbox"/> OPPOSE (Candidate or Measure)  <input type="checkbox"/> ASSIST (Officeholder)	<input type="checkbox"/> CANDIDATE  <input type="checkbox"/> OFFICEHOLDER  <input checked="" type="checkbox"/> MEASURE	CANDIDATE / OFFICEHOLDER NAME  OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)  BALLOT IDENTIFICATION / # <div style="text-align: right;">ELECTION DATE Month / Day / Year <b>5 / 6 / 2017</b></div> DESCRIPTION <b>OPPOSE PASSAGE OF CIVIL SERVICE INITIATIVE</b>
15 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <b>40.00</b>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <b>51,315.00</b>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <b>28,988.41</b>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <b>22,326.59</b>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

## 16 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

**Ben A. Barry**  
Signature of Campaign Treasurer

Sworn to and subscribed before me, by the said **Blake Barry**, this the **27<sup>th</sup>** day of **April**, 20 **17**, to certify which, witness my hand and seal of office.

**Jillian Cloud**  
Signature of officer administering oath  
Printed name of officer administering oath  
Notary Public  
Title of officer administering oath

# SUBTOTALS - SPAC

## FORM SPAC COVER SHEET PG 3

17 COMMITTEE NAME <b>SAFETY FIRST ARLINGTON</b>		18 Filer ID (Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <b>24,925.<sup>00</sup></b>
2.	<input type="checkbox"/> SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ <b>26,350.<sup>00</sup></b>
5.	<input type="checkbox"/> SCHEDULE C2 : NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <b>28,988.<sup>41</sup></b>
9.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
10.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
12.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
13.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
14.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>6</b>
2 FILER NAME <b>SAFETY FIRST ARLINGTON</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/28/17</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>PETER SCOTT</b> 6 Contributor address; City; State; Zip Code <b>3005 IRON STONE CT. ARLINGTON, TX 76006</b>	7 Amount of contribution (\$) <b>300.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/29/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>KYLE FEELOS</b> Contributor address; City; State; Zip Code <b>3603 RAVENHILL LN. ARLINGTON, TX 76016</b>	Amount of contribution (\$) <b>200.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/29/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>STEPHEN CAVEROER</b> Contributor address; City; State; Zip Code <b>2106 CAMEL CT. ARLINGTON, TX 76012</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/29/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>WILLIAM ROSS</b> Contributor address; City; State; Zip Code	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>P.1</b>		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

6

2 FILER NAME

SAFETY FIRST ARLINGTON

3 Filer ID (Ethics Commission Filers)

4 Date

3/31/17

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

LARRY FOWLER

7 Amount of contribution (\$)

225.<sup>00</sup>

6 Contributor address;

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/31/17

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

DAN WHITE

Amount of contribution (\$)

200.<sup>00</sup>

Contributor address;

City; State; Zip Code

6806 LANDOVER HILLS LN. ARLINGTON, TX 76017

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/1/17

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

GARY MARTEN

Amount of contribution (\$)

5000.<sup>00</sup>

Contributor address;

City; State; Zip Code

621 CROWLEY RD. ARLINGTON, TX 76012

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/1/17

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

CLIFF MYCOSKE

Amount of contribution (\$)

200.<sup>00</sup>

Contributor address;

City; State; Zip Code

1409 WOODBINE CT. ARLINGTON, TX 76012

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>6</b>
2 FILER NAME <b>SAFETY FIRST ARLINGTON</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/4/17</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DAN DIPERT</b> 6 Contributor address; City; State; Zip Code <b>1209 CANTERBURY Ct. ARLINGTON, TX 76013</b>	7 Amount of contribution (\$) <b>500.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>4/10/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JEFF CASSELL</b> Contributor address; City; State; Zip Code <b>P.O. Box 1843 ARLINGTON, TX 76004</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/10/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DON DUKE</b> Contributor address; City; State; Zip Code <b>P.O. Box 13464 ARLINGTON, TX 76094</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/13/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>PHIL KEVIL</b> Contributor address; City; State; Zip Code <b>2003 WINDSWEEP Ct. ARLINGTON, TX 76012</b>	Amount of contribution (\$) <b>150.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **6**

2 FILER NAME

**SAFETY FIRST ARLINGTON**

3 Filer ID (Ethics Commission Filers)

4 Date

**4/13/17**

5 Full name of contributor

**JOHN PETAELLI**

☐ out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

**200.<sup>00</sup>**

6 Contributor address;

City; State; Zip Code

**733 SUNDANCE DR. ARLINGTON, TX 76006**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**4/13/17**

Full name of contributor

**ERNEST WILSON**

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**500.<sup>00</sup>**

Contributor address;

City; State; Zip Code

**4100 SHADY VALLEY DR. ARLINGTON, TX 76018**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**4/13/17**

Full name of contributor

**BILL DEARST**

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**100.<sup>00</sup>**

Contributor address;

City; State; Zip Code

**2402 N. HUNTER PLACE LN. ARLINGTON, TX 76006**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**4/18/17**

Full name of contributor

**MARK GIST**

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**500.<sup>00</sup>**

Contributor address;

City; State; Zip Code

**2100 WINDSOR DR. ARLINGTON, TX 76018**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>6</b>
2 FILER NAME <b>SAFETY FIRST ARLINGTON</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/19/17</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>UNKNOWN</b> 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) <b>100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>4/19/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>WILLIAM QUINN</b> Contributor address; City; State; Zip Code <b>1108 Loch Lomond Ct. ARLINGTON, TX 76012</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/20/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>KENNETH YEATTS</b> Contributor address; City; State; Zip Code <b>2727 SUNRISE DR. ARLINGTON, TX 76006</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/20/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JIM BASS</b> Contributor address; City; State; Zip Code <b>2709 MONARCH DR. ARLINGTON, TX 76006</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **6**

2 FILER NAME

**SAFETY FIRST ARLINGTON**

3 Filer ID (Ethics Commission Filers)

4 Date

**4/21/17**

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

**DAVID SCHWARTZ**

6 Contributor address;

City; State; Zip Code

**2700 LAUREL VALLEY LN. ARLINGTON, TX 76006**

7 Amount of contribution (\$)

**150.00**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**4/24/17**

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

**DR. J. SESKO**

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

**100.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**4/25/17**

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

**ARNOLD PETSCHKE**

Contributor address;

City; State; Zip Code

**P.O. BOX 121404 ARLINGTON, TX 76012**

Amount of contribution (\$)

**20,000.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**4/25/17**

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

**ALAN PETSCHKE**

Contributor address;

City; State; Zip Code

**3850 BELLAIR CIRCLE FORT WORTH, TX 76109**

Amount of contribution (\$)

**5,000.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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# **MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION**

## **SCHEDULE C1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C1: <b>2</b>
2 FILER NAME <b>SAFETY FIRST ARLINGTON</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/1/17</b>	5 Corporation / Labor Organization name <b>MAIBACH INVESTMENTS</b> 6 Corporation / Labor Organization address; City; State; Zip Code	7 Amount of contribution (\$) <b>100.00</b>
Date <b>4/4/17</b>	Corporation / Labor Organization name <b>PINNACLE CORPORATION</b> Corporation / Labor Organization address; City; State; Zip Code <b>201 E. ASHLAM ST. ARLINGTON, TX 76010</b>	Amount of contribution (\$) <b>1,000.00</b>
Date <b>4/4/17</b>	Corporation / Labor Organization name <b>NEHEMIAH REAL ESTATE ADVISORS</b> Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$) <b>5,000.00</b>
Date <b>4/8/17</b>	Corporation / Labor Organization name <b>SARGENT INVESTMENTS LLC</b> Corporation / Labor Organization address; City; State; Zip Code <b>2714 SHERMAN ST. GRAND PRairie, TX 75051</b>	Amount of contribution (\$) <b>2,500.00</b>
Date <b>4/8/17</b>	Corporation / Labor Organization name <b>DAKHOLLOW GROUP LTD</b> Corporation / Labor Organization address; City; State; Zip Code <b>2500 N.E. GREEN OAKS BLVD. STE 200 ARLINGTON, TX 76006</b>	Amount of contribution (\$) <b>2,500.00</b>
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p>		

# MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

## SCHEDULE C1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C1: <b>2</b>
2 FILER NAME <b>SAFETY FIRST ARLINGTON</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/10/17</b>	5 Corporation / Labor Organization name <b>HILLCO PAC</b> 6 Corporation / Labor Organization address; City; State; Zip Code <b>823 CONGRESS AVE. #900 AUSTIN, TX 78701</b>	7 Amount of contribution (\$) <b>10,000.<sup>00</sup></b>
Date <b>4/13/17</b>	Corporation / Labor Organization name <b>LEGACY FINANCIAL INC</b> Corporation / Labor Organization address; City; State; Zip Code <b>1205 W. ASHLEY ST. ARLINGTON, TX 76013</b>	Amount of contribution (\$) <b>250.<sup>00</sup></b>
Date <b>4/13/17</b>	Corporation / Labor Organization name <b>BALLIARK PARKING PARTNERS LLC</b> Corporation / Labor Organization address; City; State; Zip Code <b>800 BERING DR. STE #250 HOUSTON, TX 77057</b>	Amount of contribution (\$) <b>5,000.<sup>00</sup></b>
Date	Corporation / Labor Organization name  Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)
Date	Corporation / Labor Organization name  Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p style="text-align: right;"><b>P. 2</b></p>		



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>1</b>		2 FILER NAME <b>SAFETY FIRST ARLINGTON</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>4/3/17</b>		5 Payee name <b>3Di SIGNS</b>			
6 Amount (\$) <b>7,760.00</b>		7 Payee address; City; State; Zip Code <b>1133 W. MAIN ST. ARLINGTON, TX 76013</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>PRINTING EXPENSE</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>4/5/17</b>		Payee name <b>J. GILLIGAN'S</b>			
Amount (\$) <b>100.00</b>		Payee address; City; State; Zip Code <b>400 E. ABRAM ARLINGTON, TX 76010</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>FOOD / BEVERAGE EXPENSE</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>4/10/17</b>		Payee name <b>CAELEN COMMUNICATIONS</b>			
Amount (\$) <b>21,128.41</b>		Payee address; City; State; Zip Code <b>Frisco, TX 75035</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>CONSULTING, ADVERTISING, PRINTING EXPENSE</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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